Telestroke Referral Site Feedback Form

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The **Ontario Telestroke Program** is intended to support Ontario residents in accessing hyperacute stroke clinical assessment and management. The role of the Telestroke neurologists is to provide support for Emergency Department clinicians who may not have the hyperacute stroke expertise to assess and treat patients. Please complete this Feedback Form if you encountered issues during the Telestroke consultation. Follow-up will be coordinated and forms will be monitored by Ontario Health - CorHealth Ontario for trends to inform quality improvement.

PATIENT AND CONSULTATION INFORMATION:

Date of Telestroke Consultation: _____ Time of Consultation: _____

Telestroke Referral Site: _____ Referring MD: _____

Telestroke Neurologist: _____

ISSUES:

- ☐ CritiCall issue (delays in connecting to Criticall or to Telestroke Neurologist)
- ☐ Time of acceptance took longer than expected Response Time: _____(minutes)
- ☐ Issues with Telestroke Neurologist video
- ☐ Inadequate/inappropriate advice provided by Telestroke Neurologist
- ☐ Other issue with Telestroke Neurologist (specify below in Comments)
- ☐ Consult note not received or received late (i.e. after 24 hours)
- ☐ Other (specify below in Comments)

Comments: (Note: do not include any Patient Health Information in comments)

Ontario Health